

Let's Talk About...

IV placement

An IV (eye-vee) or intravenous (in-trah-VEE-nuss) is a small tube that goes into a vein. It is used to give fluid or medicines. When a child is ill, injured, or has had surgery, an IV is often the best and quickest way to give medicine and fluid. Your child may receive antibiotics or pain medicine through an IV. There are many reasons why your child may have an IV:

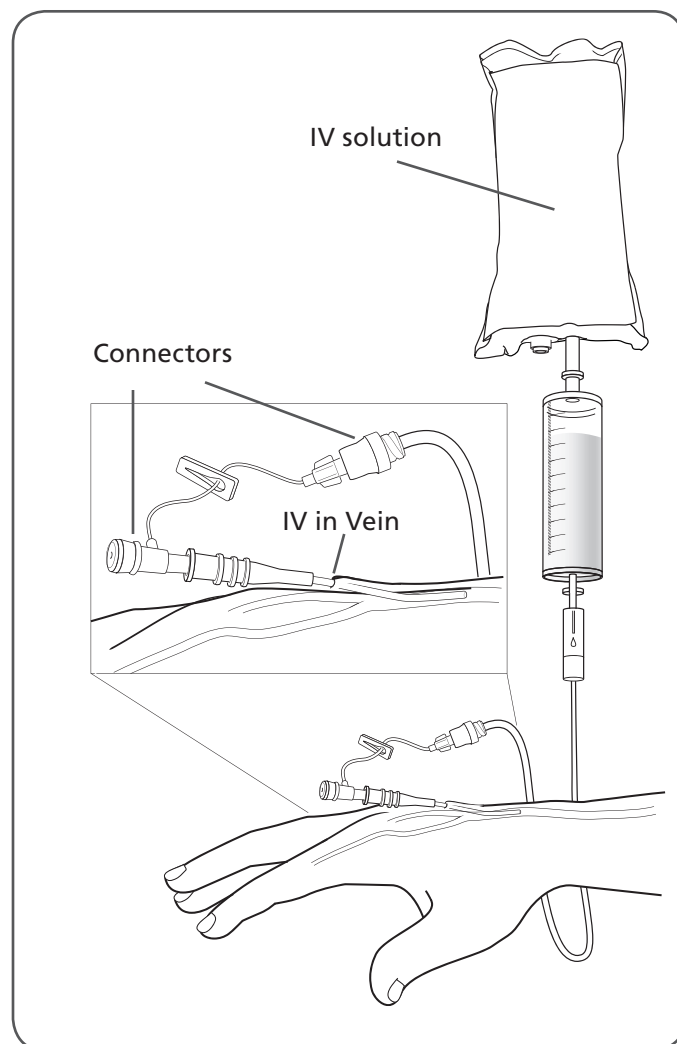
- Some medicines work better when put in the body through an IV.
- Your child may be too young to swallow the medicine .
- Your child may be too ill to swallow the medicine.
- Your child cannot eat or drink anything by mouth because of illness or they are going to have a procedure.

How will my child receive the IV?

An IV location on your child's body usually depends on your child's age, size, or the medicine that they need. Some common places for IV's are hand, arm, foot, or sometimes in the scalp (young babies). The person who places the IV will decide the best spot for placing the IV. You might hear medical staff call this "placing an IV" or "putting the IV in place." The person placing the IV will put a stretchy band called a tourniquet around your child's arm or foot to help find the best vein for the IV.

The person placing the IV will use a needle to put the IV into the vein, but once it is in place, only a flexible plastic tube stays in the vein. The nurse will put a clear sterile dressing (or tape) over the site where the IV enters the vein. The staff member may use a padded hand or foot board to secure the IV area. However, you should always be able to see the place where the IV enters the skin (the IV site).

During the IV placement, it is important that your child hold as still as possible. Holding still may be difficult so there are staff members that can help your



child. Child life specialists are medical professionals that focus on assisting patients during hospital experiences using play, distraction, and education. Child life specialists can help your child before the IV placement so that your child has a better understanding of what the IV is and what your child's "job" will be during placement. Child life specialists can also help during the procedure to provide distraction and coping support. You are welcome to stay during the placement of the IV. Your job is to comfort your child. The placement will take 5–10 minutes from start to finish.



What do kids say about getting an IV?

No IV placement feels the same to every child. Here is how the placement has been described by other children:

- The stretchy band (tourniquet) feels like a tight hug.
- The wipe that is used to clean the area before the IV is placed is wet and cold.
- When the fluid goes into the IV for the first time it feels cold.
- When the IV is removed it feels like a band aid being removed.
- Your child may choose whether the tape is taken off quickly or slowly. Some children say it helps to remove the tape themselves or have a parent help.
- When the IV slides out most children state that it doesn't bother them or that they didn't feel it.

Are there any complications from an IV?

A vein can sometimes become irritated or medicine may leak out of the vein and into the surrounding area at any time. If this happens, the nurse will take the IV out. Your child's nurse will check the IV site often to look for irritation. The nurse will also touch the site and compare it with the other side of the body. This will happen hourly when the IV is being used, whether your child is awake or asleep. If there is no medicine or fluid in the IV, the nurse will flush the site with fluid every few hours to make sure the IV is okay.

You can also watch for redness, swelling, and pain. If you notice any of these, tell your child's nurse. It is important that the nurse remove the IV at the first sign of a problem to lessen the chance of further problems. Nurses are careful to secure an IV when it is placed because children are often very active. However, the IV may become dislodged and need to be replaced.

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